

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

Application # 18409

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
Telephone Number 910-893-7525 www.harnett.org  
**Application for Building and Trade Permit**

Owner's Name: SCOTT LEE HOMES, INC. Date: \_\_\_\_\_

Address: 605 Adrian St Phone: 9195532085

Directions to job site from Lillington: 210 TWDS ANGLER LEFT ON TO 55HWY 42 THRU FUQUAY LEFT ONTO TRUELOVE RD SUB IS ON RIGHT 3rd lot on left.

Subdivision: JONATHAN RIDGE Lot: 3

Construction Type: (Please Check) Building Use: (Please Check)  
 New  Moved House  Residential  Commercial  
 Renovation  Addition  Other  Modular  Multi-Family

Total Project Cost: \_\_\_\_\_ Description of Proposed Work: \_\_\_\_\_

**General Contractor Information**

Heated SF 2555 Crawl Space  Building Construction Cost \$ 120,000.00  
Unheated SF 576 Slab  Acres Disturbed 1.28 Stories 1.5

SCOTT LEE HOMES, INC 919 553 2085  
Building Contractor's Company Name Telephone

PO BOX 748 CLAYTON, NC 27520 33181  
Address License #

[Signature]  
Signature of Owner/Contractor/Officer(s) of Corporation – Must sign back of form & workers comp

**Electrical Permit Information**

Description of Work ELECTRICAL Electrical Cost \$ \_\_\_\_\_  
TS Pole: Yes  No  Underground  Overhead   
Permanent Service: Underground  Overhead  Service Size: 200 Amps

JEFF WILLIS ELECTRIC, INC. 919 550 4700  
Electrical Contractor's Company Name Telephone

5805 CORNWALLIS RD GARNER 27529 15644  
Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Mechanical Permit Information**

Description of Work HEATING AND AIR HVAC  
Number of Units 2 Type System HEAT PUMP Mechanical Cost \$ \_\_\_\_\_  
STEPHENSON HEATING & AIR, INC. 919 329 0686

Mechanical Contractor's Company Name Telephone  
343 SHIPWASH DR GARNER NC 27529 18644

Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Plumbing Permit Information**

Description of Work PLUMBING  
Number of Baths 3 Plumbing Cost \$ \_\_\_\_\_  
C:C Select Plumbing 919 625-0163

Plumbing Contractor's Company Name Telephone  
421 Watkins Rd Clayton N.C 27520 25464

Address License #

[Signature]  
Signature of Officer(s) of Corporation

**Insulation Permit Information** Residential  Other  Not Required

TriCity Insulation 1901Herring Ave Wilson NC 27896 18008497204  
Insulation Contractor's Company Name & Address Telephone

**Commercial Jobs must fill out this portion**  
**Sprinkler System Information**

\_\_\_\_\_  
Sprinkler Contractor's Company Name

\_\_\_\_\_  
Contact & Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Fire Alarm System Information**

\_\_\_\_\_  
Fire Alarm Contractor's Company Name

\_\_\_\_\_  
Contact & Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature of Officer(s) of Corporation

**Driveway Access** - NC Department of Transportation Driveway Access/Permit?      Yes      No

**Homeowners Applying to Build Their Own Home**

Please answer the following questions then see a Permit Technician to determine if you qualify for permit under Owners Exemption.

Questionnaire per G.S. 87-14 Regulations as to Issue of Building Permits (Memo available upon request)

1. Do you own the land on which this building will be constructed?      \_\_\_ yes      \_\_\_ no
2. Have you hired or intend to hire an individual to superintend and manage construction of the project?      \_\_\_ yes      \_\_\_ no
3. Do you intend to directly control & supervise construction activities?      \_\_\_ yes      \_\_\_ no
4. Do you intend to schedule, contract, or directly pay for all phases of construction work to be done?      \_\_\_ yes      \_\_\_ no
5. Do you intend to personally occupy the building for at least 12 consecutive months following completion of construction and do you understand that if you do not do so, it creates the presumption under law that you fraudulently secured the permit?      \_\_\_ yes      \_\_\_ no

\_\_\_\_\_  
Sign & date

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and if any changes occur including listed contractors, site plan, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

\_\_\_\_\_  
Signature of Owner/Contractor/Officer(s) of Corporation

9-6-07  
\_\_\_\_\_  
Date

**Affidavit for Worker's Compensation  
N.C.G.S. 87-14**

The undersigned applicant for Building Permit # \_\_\_\_\_ being the:

- \_\_\_\_\_ General Contractor
- \_\_\_\_\_ Owner
- \_\_\_\_\_ Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

- \_\_\_\_\_ Has/have three (3) or more employees and has/have obtained workers' compensation insurance to cover them.
- \_\_\_\_\_ Has/have one (1) or more subcontractors(s) and has/have obtained workers' compensation insurance to cover them.
- \_\_\_\_\_ Has/have one (1) or more subcontractors(s) who has/have their own policy of workers' compensation insurance covering themselves.
- \_\_\_\_\_ Has/have not more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm Name: Scott Lee Homes, Inc.

Sign/Title: Joe J. Wall Assistant Secretary

Date: 9-6-07

Plan Box Number AA7

Job Name Scott Lee

Date: 9-7-07

Required Inspections for SFA/SFD

Appl. # 07-50018409

Valuation 138974

Sq. Feet 2139

Sequence

10	<input checked="" type="checkbox"/>	R* Bldg. Footing
10-30		R* Elec. Temp Service Pole
20	<input checked="" type="checkbox"/>	R* Building Foundation
20	<input checked="" type="checkbox"/>	Address Confirmation
30-999	<input checked="" type="checkbox"/>	Open Floor
30-999		R* Bldg. Slab Insp.
30-999		R* Elec. Under Slab
30-999		R* Plumb. Under Slab
40	<input checked="" type="checkbox"/>	Four Trade Rough In
40		Four Trade Rough In > 2500
40		Three Trade Rough In
40		Three Trade Rough In > 2500
40		Two Trade Rough In
40		Two Trade Rough In > 2500
40		One Trade Rough In
40		One Trade Rough In > 2500
50	<input checked="" type="checkbox"/>	R* Insulation
60	<input checked="" type="checkbox"/>	Four Trade Final
60		Four Trade Final > 2500
60		Three Trade Final
60		Three Trade Final > 2500
60		Two Trade Final
60		Two Trade Final > 2500
60		One Trade Final
60		One Trade Final > 2500
999	<input checked="" type="checkbox"/>	Envir. Operations Permit